PTO/SB/06 (07-06)

Approved for use through 1/31/2007, OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/696,840			ing Date 30/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	m	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A	,,,	
	SEARCH FEE (37 CFR 1.16(k), (i),		N/A		N/A		N/A		1	N/A		
	EXAMINATION FE (37 CFR 1.16(a), (p),		N/A		N/A		N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =				x \$ =		OR	x \$ =		
IND	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 =		•		x \$ =		1	x s =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	ts of pap 50 (\$125 tional 50	ings exceed 100 tion size fee due y) for each ion thereof. See 7 CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						]			1			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		1	TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								L ENTITY	OR		ER THAN ALL ENTITY	
AMENDMENT	11/15/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18())	• 14	Minus	<b> 20</b>	= 0	]	X \$25 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 3	Minus	***3	= 0	1	X \$105 =	0	OR	x s =		
	Application Size Fee (37 CFR 1.16(s))											
^	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())	•	Minus		=		x \$ =		OR	x s =		
Ω	Independent (37 CFR 1/16(h))		Minus	***		]	x \$ =		OR	x s =		
Ä	Application Size Fee (37 CFR 1.16(s))					]			]			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR			
									OR	TOTAL ADD'L FEE		
"If the entry in column 1 is less than the entry in column 2, write "or in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (To ITHIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (To ITHIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (To ITHIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (To ITHIS SPACE is less than 3, enter "3".  The Highest Number Previously Paid For" (To ITHIS SPACE is less than 3, enter "3".  The Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "3".  The Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "3".  The Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "3".  The Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "3".  The Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "3".  The Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "3".  The Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "3".  The Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "3".  The Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "3".  The Highest Number Previously Paid For "No HIS SPACE is less than 20, enter "3".  The Highest Number Previously Paid For "No HIS SPACE is less than 20, enter "3".  The Highest Number Previously Paid For "No HIS SPACE is less than 20, enter "3".  The Highest Number Previously Paid For "No HIS SPACE is less than 20, enter "3".  The Highest Number Previously Paid For "No HIS SPACE is less than 20, enter "3".  The Highest Number Previously Paid For "No HIS SPACE is less than 20, enter "3".  The Highest Number Previously Paid For "No HIS SPACE is less than 20, enter "3												

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USF) process) an application. Confidentiality is ownered by \$8 USF. 1.28 and \$3 CFR 1.14. This collection is estimated to be 12 minutes to complete, including gathering preparing, and submitting the completed application form to the USFIO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segelections for reducing this burdon, should be sent to the Child reflorational confidence. U.S. Patents and Trademark Office, U.S. Department of Commonce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS AUDIENCES SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 2213-1450.